

DDID Waiver Claim Training

June 26 2017

Field Services Training
DOH DDID Waiver Training

Today's Topics of Discussion



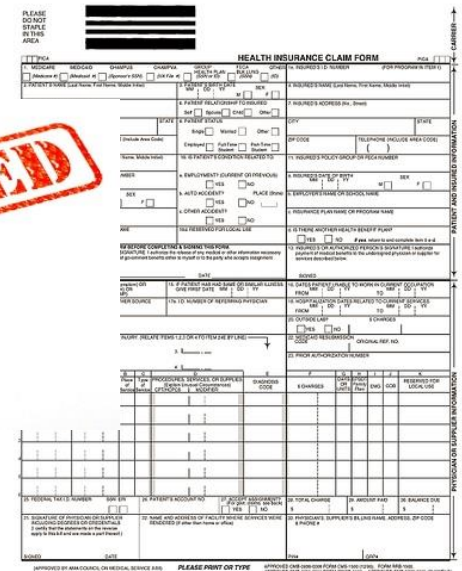
1. The Way We Bill Today
2. What are the changes we expect to see?
 - A. New and Added Codes
 - B. How will it affect you as a biller
 - C. Skilled Nursing T1000 Codes
 - D. Read your Remittance Advice and Authorization
4. Friendly Reminders - Billing EDI
5. DMO and Call Center Help Desk
6. Other Concerns
 - ICD-10 dx codes for new clients
 - Adjustment Claims
 - Timely Filing Deadlines
7. Recap
8. Reminder Links

How Claims Should be Billed Today

- Continue to Bill your Claims as Normal
- Bill using same code, for the billing month on one claim submission
- Always review your weekly Remittance Advice
 - Skilled Nursing Claims Edits- SC001 approved and paid \$0.00



REJECTED
MEDICAL CLAIM



What Are the Changes

- Authorization Approval from Monthly to Yearly will apply for most Services
 - Approval will be based on participant's ISP Date, "Individual Service Plan" Date.
 - After the Conversion
- Authorization Code Changes- Big Island and All other Islands
 - Big Island will have their own set of codes to follow

Remittance Advice



TAX ID: 1
FORM TYPE: FORM 1500

HI ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN SCORE DATE	SERVICE CD/ MODIFIER	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
000 0000	STEPHEN	05/23/2017	01 T1019 UA	05/15/2017 05/18/2017	1,442.75 199.00	199.00	1,442.75	ALLOWED AMOUNT (*)
							1,442.75	NET PAID AMOUNT
PRICE EXPL: PST *AHA								
000 0000	000 ARNOLD M	1 05/23/2017	9001 T1019 U6	05/14/2017	209.28 32.00	32.00	209.28	ALLOWED AMOUNT (*)
							209.28	NET PAID AMOUNT
PRICE EXPL: PST *AHA								
00000 0000	000	1 05/23/2017	002 T1019 U6	05/20/2017	261.60 40.00	40.00	261.60	ALLOWED AMOUNT (*)
							261.60	NET PAID AMOUNT
PRICE EXPL: PST *AHA								
0000 00000	00000 TUSI	1 05/24/2017	01 T1019 U6	05/14/2017 05/20/2017	1,648.08 252.00	252.00	1,648.08	ALLOWED AMOUNT (*)
							1,648.08	NET PAID AMOUNT
PRICE EXPL: PST *AHA								
00000 00000	00000 SI	171 05/24/2017	002 T1019 UA	05/14/2017 05/20/2017	203.00 28.00	28.00	203.00	ALLOWED AMOUNT (*)
							203.00	NET PAID AMOUNT
PRICE EXPL: PST *AHA								
000105 0001	P F N N	171 05/25/2017	001 T1000 TD	05/18/2017	150.00 12.00	12.00	0.00	ALLOWED AMOUNT (*)
							0.00	NET PAID AMOUNT
PRICE EXPL: PST *AHA SC001								

NUMBER OF CLAIMS: 6
TOTAL BILLED AMOUNT: 3,914.71
TOTAL REMIT AMOUNT: 3,764.71

REPORT ID: F 9
PROGRAM ID: F 00
003114

HAWAII MEDICAID
REMITTANCE ADVICE - PROCESSING NOTES

BILLING PROVIDER: 01 NURS
TAX ID: 2 NPI:

NOTE TYPE DESCRIPTION

** PLEASE CALL PROVIDER RELATIONS FOR FURTHER EXPLANATION OF ANY DESCRIPTION **

** PROVIDER RELATIONS MAY BE REACHED AT (808) 952-5570 OR 1-800-235-4378

AHA P HI ALLOWED
L081.2 R DUPLICATE CHECK FAILED; DUPLICATE CLAIM
PST M POSTED CHARGE
SC001 R PA UNITS PARTIALLY USED
TDM X PLEASE CALL IF EXPLANATION IS REQUIRED
UAM X PLEASE CALL IF EXPLANATION IS REQUIRED
U6M X PLEASE CALL IF EXPLANATION IS REQUIRED

NOTE TYPES: M = PRICING METHOD, P = PRICING TYPE, R=REASON CODE, T = TIER, X = MODIFIER

New Codes

Service Description	Unit	Current Code + mod	Current rate	End Date (last DOS)	Claims Submission Limit	Unit	Event Code	Place of Service	HPMMIS Procedure Description	Big Island Code + Modifier	New Big Island Rate	HCPCS description	All Other Islands Code + Modifier	New All Other Islands Rate	HCPCS description
Individual Employment Support, Job Coaching	15 min	T2019	\$13.50	6/30/2018	authorization	15 min	HB	18,99	Employment	H2025 U1	\$12.30	Ongoing support to maintain employment, per 15 min, Medicaid level 1	H2025 U2	\$10.63	Ongoing support to maintain employment, per 15 min, Medicaid level 2
RESPITE															
Respite, Hourly, 1:1	15 min	T1005	\$4.50	6/30/2018	up to 24 months after last DOS in authorization	15 min	OH	12,99	Respite Care - Agency	T1005 U1	\$5.84	Respite care, up to 15 min	S5150	\$5.65	Unskilled respite care, not hospice, per 15 min
Respite, Hourly, 1:2						15 min	OH	12,99	Respite Care - Agency	T1005 UN	\$3.24	Respite care, up to 15 min, 2 patients	S5150 UN	\$3.14	Unskilled respite care, not hospice, per 15 min, 2 patients
Respite, Hourly, 1:3						15 min	OH	12,99	Respite Care - Agency	T1005 UP	\$2.38	Respite care, up to 15 min, 3 patients	S5150 UP	\$2.31	Unskilled respite care, not hospice, per 15 min, 3 patients
Respite, Daily, 1:1	DAY	T1002-22	\$142.60	n/a	n/a	DAY	OH	12,99	Respite Care - Agency	T1002-22	\$142.60	Respite, Daily, 1:1	T1002-22	\$142.60	Respite, Daily, 1:1
Respite, Hourly, Consumer-Directed, 1:1	15 min	T1005	\$4.50	6/30/2018	up to 24 months after last DOS in authorization	15 min	OH	12,99	Respite Care - Consumer Directed	T1005 UA	\$3.63	Respite care, up to 15 min, Medicaid level 10	S5150 UA	\$3.65	Unskilled respite care, not hospice, per 15 min; Medicaid level 10

Yearly Authorization



DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Health Care Services Branch
P.O. Box 700190
Kapolei, Hawaii 96709-0190

PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

June 14, 2017

HEALTHCARE SVC S1
ATTN: Linda
32 BISHOP STREET
HONOLU , HI 96786-1819

NOTICE OF DISPOSITION OF REQUEST FOR AUTHORIZATION OF MEDICAID WAIVER SERVICES

Dear Provider:

This is to inform you of the disposition of the request that we have received for authorization of services.

Recipient ID No	: 00001234567	ING EL
Referring Provider	: STATE OF HAWAII DOH	
Services dates	: 05/01/2017 Thru 05/01/2018	
Procedure	: T1003 PRIVATE DUTY / INDEP	
Status/Reason	: APPROVED	
Modifier	:	
Number of Units	: 28.00	
Authorization Number	: 00045645619	

A federally funded medical assistance recipient can receive continued benefits pending outcome of the fair hearing if he/she has been receiving items/services and if a written request for hearing is received on or before the last day of the month preceding the effective month of change. For all other recipients the request for continued benefits must be received within ten days of this notice in order for your benefits to be continued. If the fair hearing decision is in favor of the Department, any payment pending prior to the hearing shall be recovered from the recipient.

If any of the above information is incorrect or if you have any questions regarding this information, please contact the appropriate case manager.

MQD Administration

Friendly Reminders-Billing EDI



- Submit claims electronically or via paper before 2pm by Friday
 - EDI Helpdesk is available daily or email hi.ecstest@xerox.com
- Add New Codes to your Database

DHS Medicaid Online, Call Center and Field Services

- **Use your DHS Medicaid Online Account:**

<https://hiweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>

- **Call Center M-F 7:30-5pm daily:**
1-800-235-4378/1-808-952-5595
- **Field Services Office Visits**

Other Concerns

- ICD-10 DX Code for New participants
- EDI/WINASAP Billing Code Adjustments
 - Refer to your WINASAP5010 user guide for replacement/adjustments via EDI otherwise for paper claim submission, please refer to the adjustment instructions on our Medicaid Provider Bulletin- January 2015 located on the MQD website www.med-quest.us
- Timely Filing Deadline Waiver Requests
 - Address:
 - Attn: MQD/FO- Timely Filing Dept. 1001 Kamokila Blvd. Rm. 317
Kapolei, HI 96707

RECAP

- Bill as Normal
- Review your Prior Authorization for New Codes and Rates
- Update WINASAP5010 Reference Tables for efficient billing
- Check DHS Medicaid Online
 - Claim, eligibility and prior authorization verification, ICD10-DX code
- Contact your friendly Call Center Agents at Conduent Medicaid for claim payment concerns before contacting your Case Manager

Helpful Links

- www.med-quest.us
- <https://hiweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>

Please email below for service specific billing parameters:

doh.dddcrb@doh.hawaii.gov

<http://health.hawaii.gov/ddd/>



Questions ?

